MONTANA STATE BOARD OF NURSING

DEPARTMENT OF LABOR & INDUSTRY
301 S PARK PO BOX 200513 HELENA MT 59620-0513
FAX (406) 841-2363 PHONE (406) 841-2344

SUPERVISOR / EMPLOYER EVALUATION REPORT Reporting Period: _____ to_____ DUE DATE:

Probationer's Name:_____ License #: _____ Dates of Employment: _____ to _____

Probationer's Job Title: _____

Status of Probationer's Employment: (check one) ❑ Full Time ❑ Part Time (____ hrs/wk) ❑ Employment terminated as of:_____
(check one) ❑ On Work Improvement Plan (explain in comments) ❑ No Progressive Discipline Occurring

Name of Facility: _____ Phone No: (406) _____

Address: _____
Street or PO Box City Zip

Ratings: 1 = poor 2 = fair 3 = average 4 = above average 5 = excellent *(Any ratings below 3 must be explained.)*

Area of Performance/Competence	Rating	
Patient/work caseload congruent with expectations of other licensed nurses	1 2 3 4 5	Please attach a written explanation for any ratings that are less than "average" (1 or 2).
Technical skills	1 2 3 4 5	
Understanding of, and compliance with, scope of practice and applicable standards of care	1 2 3 4 5	
Nursing judgment	1 2 3 4 5	
Attitude and behavior toward patients, coworkers, supervisors	1 2 3 4 5	
Patient care and organizational requirements for documentation	1 2 3 4 5	
Reliability in reporting to work as scheduled	1 2 3 4 5	
Compliance with organizational policies and procedures	1 2 3 4 5	
Communication skills	1 2 3 4 5	

Additional Questions: (These questions relate to information about the organization in which the probationer is employed.)

Which of the following describes the probationer's position? (check all that apply)
- ❑ Direct patient care
- ❑ Supervises others who provide patient care
- ❑ Office/Paperwork only, but requires nursing knowledge, skills
- ❑ Non-nursing duties
- ❑ Other (describe): _____

Which of the following describes your position?
- ❑ Director of Nursing/Chief Nursing Officer/Nursing Department Head
- ❑ Other supervising nurse
- ❑ Employer/supervisor, not a nurse. (Pursuant to ARM 24.159.1046 and 24.159.1246 the supervisor of a probationer must be a nurse or physician.)
- ❑ Other (describe): _____

Which of the following describes your organization?
- ❑ Acute Care Facility/Hospital
- ❑ Long Term Care
- ❑ Assisted Living
- ❑ Community-based or Ambulatory Care (including public health, home health, physician/APRN office practice/clinic, school health, correctional facility)
- ❑ Education Institution
- ❑ Other (describe): _____

What level/type of nurse is responsible for day to day supervision of the probationer?
- ❑ Director of Nursing/Chief Nursing Officer/Nursing Department Head
- ❑ RN Manager/Supervisor
- ❑ Staff RN
- ❑ Other (describe): _____

(Pursuant to ARM 24.159.1046 and 24.159.1246 the supervisor of a probationer must be a nurse or physician.)

Methods used to find out about scope of practice/practice decisions/issues:
- ❑ Call in
- ❑ Board of Nursing Newsletter
- ❑ Web-based Query of Montana Nursing Statutes and Rules
- ❑ Email
- ❑ Association/Professional Publications
- ❑ Other (describe): _____

Methods used to verify license status for the probationer and other nursing licensees:
- ❑ Call in
- ❑ Fax
- ❑ Web-based Online License Look Up
- ❑ Email
- ❑ Hard Copy Letter/Verification
- ❑ Other (describe): _____

Name of Evaluator (*Please Print*): _____

Signature of Evaluator:_____ Date:_____

Evaluator's Title: _____

Employer evaluation reports must be submitted to the Board to ensure Licensee's compliance with the conditions of licensee's probation. Any reports submitted beyond the due date may have a negative impact on the probationer's license as late reports constitute a violation of the final order of the board. **Pursuant to ARM 24.159.1046 and 24.159.1246 the supervisor of a probationer must be a nurse or physician.**

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LICENSEE/PROBATIONER EVALUATION REPORT Reporting Period: _____ to_____ DUE DATE:

Probationer's Name: _____ License #: _____ Dates of Employment: _____ to _____

Probationer's Address: _____
Street or PO Box City State Zip

Position Title: ❑ RN ❑ LPN ❑ Other: _____(if not RN or LPN and providing direct patient care, submit your job description if you have not already done so)

Status of Employment: (check one) ❑ Full Time ❑ Part Time ❑ Not employed as a nurse during this reporting period
(check one) ❑ On Work Improvement Plan (explain in comments) ❑ No Progressive Discipline Occurring

Name of Facility: _____ Phone No:(406) _____

Address: _____
Street or PO Box City Zip

Ratings: 1 = poor 2 = fair 3 = average 4 = above average 5 = excellent

Area of Performance/Competence	Rating	Comments
Patient/work caseload congruent with expectations of other licensed nurses	1 2 3 4 5	
Technical skills	1 2 3 4 5	
Understanding of, and compliance with, scope of practice and applicable standards of care	1 2 3 4 5	
Nursing judgment	1 2 3 4 5	
Attitude and behavior toward patients, coworkers, supervisors	1 2 3 4 5	
Patient care and organizational requirements for documentation	1 2 3 4 5	
Reliability in reporting to work as scheduled	1 2 3 4 5	
Compliance with organizational policies and procedures	1 2 3 4 5	
Communication skills	1 2 3 4 5	
Effectiveness of professional and personal support systems	1 2 3 4 5	
Confidence and self esteem	1 2 3 4 5	
Professionalism	1 2 3 4 5	

Additional Questions: (These questions relate to information about the organization in which the probationer is employed)

Which of the following describes your position?
(check all that apply)
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- ❑ Supervises others who provide patient care
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- ❑ Non-nursing duties
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Which of the following describes your supervisor's position?
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- ❑ Other supervising nurse
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- ❑ Other (describe): _____

Pursuant to ARM 24.159.1046 and 24.159.1246 the supervisor of a probationer must be a nurse or physician..

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- ❑ Association/Professional Publications
- ❑ Other (describe): _____

Are you involved in professional counseling?
- ❑ Yes
- ❑ No

State any special accomplishments this quarter:

Signature of Licensee: _____ Date:_____

NOTE: Licensee is responsible to ensure that this report is received by the board office on or before the DUE date. Late reports constitute a violation of the final order of the board and may result in further disciplinary action.